

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA
Orange County Community Supports Initiative (OCCSI)-Revised 11.20.18**

Name:	DOB:	TABS#:
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This initiative was created to make the fundamental changes required to improve access to qualify community support services but we can only achieve this goal through collaboration and sharing of information between and amongst partner entities comprised of the six participating service providers (ACCESS: Supports for Living, Crystal Run Village, Greystone Programs, Inspire, the Mental Health Association in Orange County, the Arc of Orange) plus the Orange County Departments of Mental Health and Social Services**. A signed consent allows the partner entities to view and share information submitted by your Care Manager. It also allows information exchange between your Care Manager and partner entities. You may limit the amount of time this authorization is in effect or cancel at any time and you are entitled to receive a copy.

Having read the above paragraph, I, or my authorized representative, request that health information regarding my care and treatment be released between and amongst the Partner Entities and others indicated below. I also understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG TREATMENT (as permitted by 42 CFR Part 2), MENTAL HEALTH TREATMENT (except psychotherapy notes), and CONFIDENTIAL HIV* RELATED INFORMATION. If applicable, this information will only be disclosed among the Partner Entities if I place my initials on the appropriate line in Item 9. In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9, I specifically authorize release of such information from any of the Partner Entities set forth in Item 7 to any of the Partner Entities set forth in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from re-disclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to any of the Partner Entities listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure, however, I acknowledge I may not receive services from OCCSI Partner Entities without this authorization.
5. Information disclosed under this authorization may be shared among all Partner Entities listed below.
6. This authorization authorizes the Partner Entities listed in Item 7 to discuss my health information or medical care only with the Partner Entities listed in item 8.

7.Name of Partner Entities Authorized To Release This Information: Care Design, NY CCO LIFEPlan CCO NY Tri-County Care Advanced Care Alliance of NY Orange County Department of Social Services** Orange County Department of Mental Health	8.Name of Partner Entities Authorized To Receive This Information: Access: Supports for Living, Inc. Crystal Run Village, Inc. Greystone Programs, Inc. Inspire, Inc. Mental Health Association in Orange County, Inc. The Arc of Sullivan-Orange Counties, Inc. Orange County Department of Social Services** Orange County Department of Mental Health
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9.Specific Information to be Released: <input type="checkbox"/> Medical Record from (insert date)_____ to (insert date) _____ <input type="checkbox"/> Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. <input checked="" type="checkbox"/> Other OCCSI Profile; and Individual Service Plans (ISP) with all attachments; and Notice of Decision; and Level of Care; and Service Authorization Letter; plus where appropriate: Educational Assessments and Plans (IEP, psych, OT, PT, SLP, ABA)	Include: (<i>indicate by Initialing</i>) _____ Alcohol/Drug Treatment _____ Mental Health Information _____ HIV-Related Information
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Reason for Release of Information: To receive authorized services from OCCSI partner entities.	10. Date or Event on Which this Authorization Will Expire: <input type="checkbox"/> Upon written notification to OCDMH that I no longer wish to be affiliated with OCCSI or <input type="checkbox"/> Specify Date:
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11. If Not the Individual, Name of Person Signing Form:	12. Authority to Sign on Behalf of Individual:
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All items on this form have been completed, my questions about this form have been answered and I have been provided a copy of this form.

Signature of Individual or Representative Authorized by Law

Date

*Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts. **The OCCSI Profile sits on a Department of Social Services secure server. The Partner role of DSS is limited to the maintenance and management of the data. **P 1 of 2 Rev. 12.14.18**

Orange County Community Supports Initiative (OCCSI)

A Collaborative, Systematic Approach to Optimize the
Delivery of Quality Supports to Children and Adults with Developmental Disabilities

Goals

Reduce the Number of Unserved & Under-Served By Managing the Need as a System
Deliver Quality Services Matched to Complexities & Acuity of Those in Need
Build Capacity Required to Meet the Demand

Thank you for considering the OCCSI option to meet your need for community habilitation and/or respite! The process of obtaining eligibility and service authorization from the NYS Office for People with Developmental Disabilities (OPWDD) can be difficult, confusing and take a long time. Then comes the wait for staff. The OCCSI partner entities are committed to supporting people with complexity and improving the overall experiences of individuals and families. To this end, we are implementing substantial operational changes to increase both the delivery and quality of supports. **When you choose the OCCSI, you connect with a diverse network of providers working together with Orange County Government toward these outcomes.** Phase 1 of this initiative launched January 2018 with a centralized portal and database for all living in Orange County, authorized for services, unserved or under-served, and seeking services from one or more of the participating providers. Phase 2 is the most challenging aspect of this initiative with multiple strategies that include the development of an enhanced tier of community habilitation and staff training requirements without additional state funding; implementation has been underway for months and still evolving. Phase 3 planning has focused on new recruiting strategies with implementation set to begin early 2019. **For more information about the OCCSI, please visit www.orangecountynyddconnection.com.**

If you think the OCCSI option is right for you, please sign this authorization form so your Care Manager may submit it along with additional required supporting documentation and then complete the profile that populates the OCCSI portal/central database.

Partner Entities

Six Participating Providers

ACCESS: Supports for Living, Inc.	Crystal Run Village, Inc.	Greystone Programs, Inc.
Inspire, Inc.	Mental Health Association in Orange County, Inc.	The Arc Sullivan-Orange Counties Inc.

Plus

Orange County Department of Mental Health (Developmental Disabilities Division)	Orange County Department of Social Service (DSS) (Information Technology Team)
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Please note: Access to the database is limited. Community Support Supervisors employed by the six participating providers have full access to the portal/database to view, update and run reports. The profile allows for a provider preference and/or exclusion however all six supervisors will still be able to view the data. Care Managers and Care Coordination Organizations do not have access to the database; they can only submit information. The County Departments of Mental Health and Social Services' Information Technology Team have full access. The database resides on a DSS secure server; the DSS partner role is limited to maintenance and management of data by its Information Technology Team. Supporting documentation is only accessible to the County Department of Mental Health and the provider that may have a staff match.